

QUESTIONNAIRE FOR CLIENTS-FINANCIAL INSTITUTIONS

Part 1. General information about the Financial Institution

1	Full official name of the Financial institution in English	
2	Short official name of the Financial institution in English	
3	Legal form	
4	Form of property	
5	Registration number	
6	Date of state registration	
7	Place of state registration	
8	Bank Identifier Code	
9	Other codes of the Financial Institution (for instance SWIFT BIC, tax number etc.)	
10	Type of license for banking (financial) operations	
11	License number	
12	Date of license issue	
13	Operations, which are allowed for the Financial institutions	
14	Legal address	
15	Physical location	
16	Relationship manager in charge of relations with FUIB in the Financial Institution	
	• Family name, name, patronymic (if any)	
	• Division	
	• Title	
	• Phone and fax numbers:	
	• e-mail	
17	Name of a special unit for counteraction to money-laundering and terrorism financing in the Financial institution	
18	Information about an officer, which is responsible for measures against money-laundering and terrorism financing (further named as "counteraction measures") in the Financial Institution	
	• Family name, name, patronymic (if any)	
	• Title	
	• Telephone and fax numbers	
	• E-mail address	
19	www address of the Financial institution	
20	Name of a regulatory authority of the Financial institution	
21	Name of a special state authority for financial monitoring	
22	Date, when the Questionnaire has been completed	

Part 2.

1) Information about officials of the Financial Institution and their authorities:

Family name, name, patronymic (if any)	Title	Description of authorities	Documentary grounds for authorities (please name documents, indicate their numbers and dates)

Yes No

2) Information about individuals-owners of essential participation ¹. Please indicate all the following:

☐ ☐

- Family name, name, patronymic (if any);
- Date of birth;
- Series and number of passport (or other document which certifies person instead of passport), date of issue, name of issuer;
- place of residence or sojourn;
- citizenship;
- share in capital of the Financial Institution.

Yes No

3) Information about legal entities, which are owners of essential participation ¹. Please indicate all the following:

☐ ☐

- *Legal name;*
- *Place of public registration;*
- *Share in capital of the Financial Institution.*

Yes No

4) Information about individuals, which directly or indirectly influence on activity of the Financial Institution (directly or indirectly hold (control) 50 and more percents of shares (parts, voting rights) of the Financial Institution) and ground for such influence:

☐ ☐

- *Family name, name, patronymic (if any);*
- *Date of birth;*
- *Series and number of passport (or other document which certifies person instead of passport), date of issue, name of issuer;*
- *Place of residence or sojourn;*
- *Citizenship;*
- *Grounds for the influence.*

Yes No

5) Is it possible to provide FUIB with attested copies of documents (copies of correspondent passport pages or another identity card) for proving of information about individuals in cl. 1, 2 and 4 of part 2?

☐ ☐

If "NO", please state reasons:

Yes No

6) Information about persons, which are authorized to act for shareholders (participants) of the Financial Institution, which are owners of essential participation ¹:

☐ ☐

Family name, initials / legal name	Citizenship / place of public registration	Shareholder (participant) which is acted for
------------------------------------	--	--

Yes No

7) List of associated persons ²

☐ ☐

Legal name	Place of public registration
------------	------------------------------

8) Amount of authorized capital of the Financial Institution

9) Information about separate units of the Financial Institution (if any)

10) Information about parent company, corporation, holding group, industrial and financial group or other association where the Financial Institution is a member

¹ A person is considered to be an **owner of essential participation** when he (she, it) directly or indirectly,, independently or jointly with another person (persons) holds 10 and more percents of authorized capital or voting rights of taken up shares (parts) of the Financial Institution or irrespective of the formal ownership a possibility of deciding influence on management or activity of the Financial Institution.

² **Associated person** – a member of an economic union (association, corporation, concern, consortium, holding company, another law deducted union of companies), where the Financial Institution is also a member, as well as a legal entity (regardless of formal membership in an economic union), which controls the Financial Institution or is controlled by it or jointly with the Financial Institution is under control of another person

Part 3.

1) Information about correspondents of the Financial Institution

Name of correspondents	SWIFT / BIC	Type of correspondent account (Vostro/Nostro)	Currency	Address of the correspondent
------------------------	-------------	---	----------	------------------------------

2) History of activity, business reputation, business lines of the Financial Institution on the market:

1. Ratings by independent agencies (name of an agency, current ratings)	
2. Participation in domestic and international unions	
3. External independent auditor	

4. Information about reorganizations, changes in character of activity	
5. Information about current and past financial problems as well as measures of state authorities due to unsatisfactory financial conditions (including restrictions on activity)	
6. General financial results	Reporting date
	Assets
	Net profit
	Capital adequacy
	Tier 1 and Tier 2 capital
	Capital adequacy ratio (Tier 1 and Tier 2 capital / Risk-adjusted assets, %) or analogue for country where financial institution is registered
	Actual value
	Required value*
	*Act of law (title and date of its adoption), which establishes minimal capital adequacy ratio requirements for the financial institution
	Other information (if necessary)
7. Domestic market share	
8. Information about specialization of the Financial Institution on banking (financial) services	
9. General information about client base of the Financial Institution, including information about number of clients, sectoral structure of the client base.	

Part 4.

1. Information about acts (domestic laws, acts of international legislation, internal written policies of the Financial Institution), which regulate activity of the Financial Institution against money laundering and terrorism financing

2. Information about measures of the Financial Institution against money laundering and terrorism financing:

	YES	NO
2.1. Does the Financial institution perform <i>(please add additional details and comments if necessary or in case of a negative answer)</i> :		
a) Identification and analyses of its clients?	<input type="checkbox"/>	<input type="checkbox"/>
b) Evaluation of risk, that a client may perform actions for money laundering or terrorism financing?	<input type="checkbox"/>	<input type="checkbox"/>
c) Identification of a person, on behalf of which a client acts or which is a beneficiary party?	<input type="checkbox"/>	<input type="checkbox"/>
d) Procedures for reveal, registration of operations under financial monitoring?	<input type="checkbox"/>	<input type="checkbox"/>
e) Reporting to state authorities about operations under financial monitoring?	<input type="checkbox"/>	<input type="checkbox"/>
f) Measures for assurance of confidentiality and due execution of information storage procedures for any case of financial monitoring?	<input type="checkbox"/>	<input type="checkbox"/>
g) Education, training of its staff, which is involved in financial monitoring?	<input type="checkbox"/>	<input type="checkbox"/>
h) Regular internal control of due execution of its measures in AML and terrorism financing area?	<input type="checkbox"/>	<input type="checkbox"/>
2.2. Does the Financial Institution open an account or execute a financial operations for a client, if the clients felt to provide the Financial Institution with all documents for opening of the account or execution of the operation?	<input type="checkbox"/>	<input type="checkbox"/>
2.3. Are all branches and separate units of the Financial Institution covered with the counteraction measures, which are adopted in its head office?	<input type="checkbox"/>	<input type="checkbox"/>
2.4. Are anonymous (numbered) accounts serviced by the Financial Institution?	<input type="checkbox"/>	<input type="checkbox"/>
2.5. Does the Financial Institution have relations with a bank or another financial institution (please comment in case of positive answer):	<input type="checkbox"/>	<input type="checkbox"/>
a) Which is registered or located in a country (territory) from FATF (<i>The Financial Action Task Force</i>) list of non-cooperative countries and territories ("NCCT's")?	<input type="checkbox"/>	<input type="checkbox"/>
b) Which does not take due measures against money laundering and terrorism financing?	<input type="checkbox"/>	<input type="checkbox"/>
c) Which has no physical presence in the country of its registration (so called "Shell Banks")?	<input type="checkbox"/>	<input type="checkbox"/>
2.6. Has the Financial Institution been prosecuted, fined or otherwise, for failure to comply or undue comply with any stipulated regulations or legislation? If yes, please comment what measures state authorities took?	<input type="checkbox"/>	<input type="checkbox"/>

Please stay, if necessary, other comments, which characterize counteraction measures of the Financial Institution:

I, undersigned bellow, confirm, that all information, which is stated in this Questionnaire, is complete and correct. All the information will be updated in case of its change.

_____/_____

Authorized signature

Family name, name, patronymic (if any), Title

Date of signing: _____